

FILING YOUR 2015 – 2016 POST ELECTION REPORT

Please note the INSTRUCTIONS FOR PROPERLY FILING POST ELECTION REPORTS on the reverse side. Additionally, please note the 'addendums' listed below:

- Your Post Election Reports **WILL NOT** be accepted as complete until ALL positions are filled!!!
- You will now note, that the Offices of **Judge Advocate and Surgeon** are now **appointed** positions. Therefore, anyone of your Elected or Appointed Officers can hold one of these offices. (Example – A Chaplain can be the Judge Advocate or the Commander could be the Surgeon.)
 - Only exception is that a Trustee cannot be the Post Adjutant .See Section 218-Officers and Chairmen, Duties, and Obligations. (11) Trustees. Trustees shall not be eligible to serve on committees or as officers whose books, records and accounts are audited by the Trustees
- In ALL 'Functional Posts', the **REQUIRED** Officers would be: Commander, Senior Vice Commander, Quartermaster, three Trustees and Adjutant. NO Post can function without these positions being filled! All of these Officers **SHOULD** be present at all Post meetings. Thusly, fulfilling the minimum required Quorum of five (5) members.
- Should your Post have questions on this process, you might consult **Section 216 – Elected and Appointed Officers; Chairmen and Committees** of the VFW National By-Laws and Manual of Procedure.
- Your Post should also keep in mind, that an INCOMPLETE Post Election Report **MAY** result in the **Suspension** of your Post Charter.

Should you have any questions or concerns, please call Jim at Department Headquarters:

651-291-1757
mnvfw@vfwmn.us

THANK YOU!!!!

INSTRUCTIONS FOR PROPERLY SUBMITTING POST ELECTION REPORTS

The 2015-16 Post Election Report is to be completed by the outgoing Post Quartermaster during or immediately following the election meeting.

Information you will need to properly file your report:

- Elected Post officers membership information to include current contact information and membership number
- Post meeting information to include address, day and time. The day should be shown as "First Tuesday," "Third Wednesday," as appropriate. If a meeting is held more than once a month, show as "First and Third Monday," "Every Friday," as appropriate. Time should be shown as "11:00 am," "7:30 pm," as appropriate
- Post mailing address, Post email and website information
- Post Federal Employer Identification Number (EIN)
- Current Post dues amount
- Commander's named appointments for Adjutant, Judge Advocate, Surgeon and Service Officer

ONLINE ELECTION REPORT

Online reporting is the required method of submitting the Post's 2015-16 Election Report. As Post Quartermaster, you will log into www.vfw.org and access the "Online Membership System" (OMS) under "Post Quartermaster Tools & Resources," click on "Post Election Report"; you are now ready to use the newly enhanced reporting procedure. Follow the step by step process, verify your summary, make any necessary corrections and submit. This is a 5-7 minute process for the average user.

Quartermasters who need assistance setting up their OMS account should view the following link to access training materials <http://www.vfw.org/oms/TrainingMaterials.aspx>

Department Quartermasters have access to OMS and have the ability to enter Post Election results for a Post. Please utilize this resource if you do not have access to OMS.

In addition to the annual Election Report, this system will be utilized to make officer changes during the administrative year.

MAIL-IN OR FAXED ELECTION REPORT

Although a return, postage paid envelope has been included in this year's mailing, we ask that you make every attempt to use the online reporting method. **Do not mail or fax your report if you have utilized the online reporting method.** Your report can be submitted by mailing one copy to the Adjutant General in the enclosed envelope or fax to 816-968-1149.

This will be the last year that we will provide a postage paid envelope.

NOTIFICATION

Changes in Post Officers will also be acknowledged by email to the Post's V-mail account.

Post Quartermaster's will receive a "Post Record Acknowledgement" via USPS. This card is used to show the reported change of the Post Commander, Post Quartermaster and/or Post Dues Amount. Only return this card to correct erroneous information. Corrections can also be made by accessing the OMS.

National Headquarters will be providing Post and officer information to the Department Headquarters.

Questions regarding the Post Election Report can be answered by calling 816-756-3390 ext. 299.



2015-2016 POST ELECTION REPORT

DATE OF ELECTION:

POST #	DISTRICT #	DEPARTMENT	POST NAME	POST DUES AMOUNT Includes National and Department Per Capita	\$
POST MEETING LOCATION (PHYSICAL ADDRESS)			POST MAILING ADDRESS		
BUILDING NAME (IF NOT POST NAME)			STREET ADDRESS or PO BOX #		
STREET ADDRESS			ADDRESS LINE 2		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
POST E-MAIL ADDRESS			POST MEETING DAY/TIME		
POST WEBSITE			CHECK ALL THAT APPLY:		
POST PHONE #			<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> NO POST HOME <input type="checkbox"/> CANTEEN/CLUBROOM		
FEDERAL EMPLOYER IDENTIFICATION # (EIN)			<input type="checkbox"/> PROVIDE HALL RENTALS <input type="checkbox"/> PROVIDE MILITARY FUNERAL HONORS		
COMMANDER					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE
SENIOR VICE COMMANDER					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE
JUNIOR VICE COMMANDER					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE
QUARTERMASTER					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE
CHAPLAIN					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE
JUDGE ADVOCATE (APPOINTED)					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE
SURGEON (APPOINTED)					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE
1 YEAR TRUSTEE					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE
2 YEAR TRUSTEE					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE
3 YEAR TRUSTEE					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE
ADJUTANT (APPOINTED)					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE
SERVICE OFFICER (APPOINTED)					
MEMBERSHIP #	NAME		STREET ADDRESS or PO BOX #		
PHONE #	EMAIL ADDRESS		CITY	STATE	ZIP CODE